

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145466	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/03/2014
NAME OF PROVIDER OR SUPPLIER TWIN LAKES REHAB & HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 310 EADS AVENUE PARIS, IL 61944		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 226 SS=F	<p>Annual Licensure and Certification Survey An extended Survey was conducted.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to operationalize its Abuse Prevention Policy by failing to do the Finger Based Criminal History Record checks, the Health Care Worker Registry Record checks, and Department of Professional Regulations License checks as indicated for new direct care and licensed employees. This failure has the potential to affect all 49 residents in the facility.</p> <p>Findings include:</p> <p>1. The facility policy titled "Abuse Prevention Program" and dated 11/11/11 states "The purpose of this policy is to assure that the facility is doing all that is within it's control to prevent occurrences of mistreatment, neglect or abuse of our residents. This will be done by: Conducting pre-employment screening of employees.....Prior to a new employee starting a work schedule this facility will: Obtain a copy of the state license of any individual being hired for a position requiring a professional license and check the licensee's</p>	F 226			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	<p>Continued From page 1</p> <p>status with the licensing entity. Check the Illinois Health Care Worker Registry on all individuals being hired for a position; and under the Health Care Worker Background Check Act (225 ILCS 46/1) and facility 'Criminal Background Check Policy', we are required to request a fingerprint based criminal history check for all non licensed employees....."</p> <p>The facility policy titled "Health Care Worker Background Check Policy and Procedure" dated 2/28/12 states "Persons applying for employment will be hired upon results of the appropriate background check as follows: A Fingerprint Based History Records Check will be required of all individuals applying for a direct care position or having access to long-term care residents or the living quarters or financial, medical or personal records of long term care residents, hereinafter referred to as 'Direct Care Applicant'.....any such direct care applicant who has not had his or her fingerprints collected electronically and transmitted to the Department of State Police within (10) ten working days shall be suspended from working until he or she does so."</p> <p>The facility personnel file of E8, Certified Nursing Assistant documents a hire date of 12/18/13. This same file does not contain a Fingerprint Based Criminal History Check for E8. The facility personnel file for E9, Certified Nursing Assistant documents E9 with a hire date of 10/11/13. No Fingerprint Based Criminal History Check was in the file for E9.</p> <p>The facility Payroll Record documents E8 working a total of 10 days from 3/24/14 to 5/28/14 and E9 having worked a total of 78 days from 3/13/14 to 7/2/14. On 7/2/14 at 2:35 pm E9 was working as</p>	F 226			

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F 226	<p>Continued From page 2</p> <p>a Certified Nursing Assistant in the facility.</p> <p>On 7/2/14 at 4:05 pm E1, Administrator stated E1 was responsible for completing and reviewing employee background checks. E1 could not provide Fingerprint Based Criminal History Checks on E8 and E9. E1 stated that she did not have access to the Illinois Department of Public Health portal for the Healthcare Worker Registry and therefore could not obtain forms in order to complete the fingerprint based criminal history checks. E1 stated "we have sent (E9) home today, she will be getting fingerprinted tomorrow."</p> <p>On 7/3/14 at 11:30 am E1 acknowledged that she had access to the Illinois Department of Public Health portal site on 3/13/14 and stated "I just didn't think about getting the fingerprint checks then."</p> <p>2. The Personnel Record for E10, Certified Nursing Assistant contained a Healthcare Worker Registry check dated 1/21/14. E10's Personnel Record documents a hire date of 8/21/13.</p> <p>The Personnel Record for E11, Dietary Aide contained a Healthcare Worker Registry check dated as completed on 7/2/14. E11's Personnel Record documents a hire date of 5/9/14.</p> <p>The Personnel Record for E12, Business Office Manager documents a Healthcare Worker Registry check dated 7/2/14. E12's Personnel Record documents a hire date of 5/8/14.</p> <p>On 7/2/14 at 2:45, E1 acknowledged that E10, E11 and E12's Healthcare Worker Registry checks were not done prior to or on the day they started.</p>	F 226			

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F 226	Continued From page 3 3. Facility Personnel Records for E13 and E14, both Licensed Practical Nurses contained no documentation that the facility checked the status of their licenses on the Department of Professional Regulation web site. On 7/2/14 at 2:45 pm E1 stated she did not know she was required to check license status of licensed personnel on the Department of Professional Regulation's web site. E1 stated "I thought if I had a copy of their license that was good enough." The facility Resident Census and Conditions of Residents report dated 7/1/14 documents a census of 49.	F 226			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to provide services to treat and prevent pressure ulcers by failing to elevate heels as ordered for one of three residents (R7) reviewed for pressure ulcers out of	F 314			

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F 314	<p>Continued From page 4 the sample of 13.</p> <p>Findings include:</p> <p>The Physician Order Sheets (POS) for 6/2014 and 7/2014 documents an order dated 6/9/14 to apply "floating heel boots to both feet every day except during bathing and transfers." The POS also orders daily skin checks initiated 3/10/14 and to "float heels" dated 6/16/14. R7's care plan dated 4/01/14 documents a nursing approach/intervention to apply "pressure reduction boots" and to "float heels when in bed."</p> <p>On 7/1/14 R7's heels were not floated, nor was R7 wearing heel-floating boots. R7's heels were in direct contact with the mattress at the following times; 11:49 AM through 12:10 PM, 12:25 PM, 12:40 PM, 1:00 PM through 1:20 PM, 1:30 PM through 1:40 PM, 2:00 PM, 2:20 PM through 2:46 PM, 3:00 PM, and 3:16 PM.</p> <p>The Nursing Admission Assessment dated 3/10/14 documents a 3 centimeter by 5 centimeter necrotic area on R7's left heel.</p> <p>The Wound Clinic Chart Details sheet dated 6/11/14 documents the development of a new stage 2 pressure ulcer on R7's right heel aquired on 6/9/14.</p> <p>On 7/1/14 at 2:46 PM, E6 Licensed Practical Nurse stated that R7's heels "could not be called floated." On 7/1/14 at 3:16 PM, E5 Certified Nursing Assistant stated "I agree R7's heels are not floated".</p> <p>On 7/1/14 at 3:25 PM E2 Director of Nursing stated she was "surprised because I have been</p>	F 314			

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F 314	Continued From page 5 round and round about these boots" and stated she "understands" that it is an issue. On 7/2/14 at 1:10 PM, Z1 Primary Care Physician stated he "expects nursing staff to expend all effort possible to position R7 to avoid pressure".....obviously if a treatment is ordered, it should be performed."	F 314			
F 458 SS=C	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to provide at least 80 square feet of space per resident bed in 30 of 30 multiple-bed residents bedrooms. The undersized bedrooms provides 77.3 square feet per resident bed. This affects 11 residents (R2, R6, R7, R8, R10, R12, R13, R14, and R16 through R18) in the sample of 13 and 37 residents (R1, R3, R4, R5 and R20 through R52) in the supplemental sample. The finding includes: According to historical room size documentation and actual measurements demonstrate that the undersized occupancy bedrooms 2, 4, and 5 through 32 provides 77.3 square feet per resident bed. The occupied resident bedrooms are equipped with the minimum required furnishings such as bed, bedside table comfortable chair and dressers. There were no infection control issues	F 458			

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F 458	Continued From page 6 identified. There are 30 dual occupancy bedrooms in the facility. Eleven residents (R2, R6, R7, R8, R10, R12, R13, R14, and R16 through R18) in the sample of 13 and 37 residents (R1, R3, R4, R5 and R20 through R52) in the supplemental sample resides in the undersized resident room. According to the facility's Medicare/Medicaid Certification and Transmittal form dated 11-18-13, all the resident bedrooms are Medicaid (Title 19) certified and resident rooms 2, and 4 through 11 are dually certified for Medicare (Title 18) and Medicaid.	F 458			
F 465 SS=F	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that two of two gas clothes dryers and the camera monitoring system were in safe and functional condition. This has the potential to effect the safety of all 49 residents. The finding includes: 1. On 7-3-14 at 10:20 A.M., the two open flame gas dryer heat exchanger compartment have a heavy accumulation of dust and lint on the electric wires and controls, on the Venturi tubes	F 465			

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F 465	<p>Continued From page 7 and the burners. This creates a potential for dryer fires. E15, Maintenance Director stated on 7-3-14 at 10:20 A.M.he does not recall the last time the dryers were cleaned.</p> <p>2. The facility's nurses station cameras and monitor system for visual control was not providing a clear image from the four cameras monitoring resident corridors and activity areas. On 7-3-14 at 9:50 A.M. E16, Licensed Practical Nurse (LPN) stated that there were not a clear images on the monitor and E16 could not determine who was in the corridors and the activity room. The camera and monitor system is designed to assist staff in monitoring for resident safety.</p> <p>According to the facility Resident Census and Conditions of Residents report dated 7-1-14, 49 residents reside at the facility.</p>	F 465			